#### PART B - FEE(S) TRANSMITTAL

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7 Pitney Bowes Inc				nent or formal drawing	, ·imade			
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Shelton, CT 06484					Cathy Norton (Depositor's name)			
·	Cothy	Cothy norton			(Signature)			
•	august	august 5, 2005			(Date)			
APPLICATION NO.	FILING DATE		PIRST NAME	DINVENTOR	ATTORNE	Y DOCKET NO.	CONFIRMATION NO.	
10/608,963	06/27/2003					F-579	7387	
TITLE OF INVENTION: ENVELOPE WITH ENHANCED OPENING CAPABILITIES AND METHOD THEREFOR 08/08/2005 HDEHESS2 00000101 161885 10608963								
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APPLN. TYPE	SMALL ENTITY	issue fee			02 FC+15	50A 3(	00.00 DA 00.00 DA	
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EXAMINER ART UN				CLASS-SUBCLASS	_]			
NOLAND, THOMAS 2856				073-865900				
A.K. 1303).				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) Michael J. Cummings  (3) Michael J. Cummings  (4) Or agents OR, alternatively,				
Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.								
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered atterney or agent) and the names of up to 2 registered patent atterneys or agents. If no name is listed, no name will be printed.  2 Charles R. Malandra, Jr.  3 Angelo N. Chaolas					<del></del>
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
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loase check the appropriate	assignee category or categor	ies (will not be pri	inted on the pa	itent): 🔲 Individual 🐯 C	Corporation or	other private an	oup entity Governs	· 
a. The following fee(s) are e	nclosed:		Payment of I			outer private gre	out citity - Covern	neut
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Publication Fee (No small entity discount permitted)  Payment by credit card, Form PTO-2038 is attached.  Advance Order - # of Copies								
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he Director of the USPTO is OTE: The Issue Fee and Pu	s requested to apply the Issue blication Fee (if required) wi	Fee and Publicati	on Fee (if any from anyone	nt is no longer claiming SMA  ) or to re-apply any previousl  other than the applicant; a reg	LL ENTTTY : by paid issue f	status. See 37 CE to the applica- ey or agent, or th	FR 1.27(g)(2). tion identified above.	·
Authorized Signature	Mail O. C	I and Trademark	Office.	Date_	8/5	100		
Typed or printed name	Michael J. Cummines	7				<u> </u>	•	
				Kegistration	No. <u>46.650</u>			

This collection of information is required by 37 CPR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, substituting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

) Date: August 5, 2005

Pradeep K. Das

) Attorney Docket No.: F-579

RECEIVED

Serial No.: 10/608,963

) Customer No.: 00919

**CENTRAL FAX CENTER** 

Filed: June 27, 2003

) Group Art Unit: 2856

AUG 0 5 2005

Confirmation No.: 7387

) Examiner: Thomas Noland

For:

**ENVELOPE WITH ENHANCED OPENING CAPABILITIES AND** 

METHOD THEREFOR

## TRANSMITTAL OF ISSUE FEE

Mail Stop Issue Fee Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclosed herewith is the completed Issue Fee Transmittal form PTOL-85B for the above-identified patent application, including authorization to charge the issue fee to Deposit Account Number 16-1885,

Respectfully submitted,

Cumminas بَلِهِ Michael

Reg. No. 46,650 Attorney of Record

Telephone (203) 924-3934

PITNEY BOWES INC. Intellectual Property and Technology Law Department 35 Waterview Drive P.O. Box 3000 Shelton, CT 06484-8000

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile to:

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# **Facsimile**

To: Issue Fee

Fax No.: (571) 273-8300

From: Michael J. Cummings

Date: August 5, 2005 Subject: 10/608,963 (F-579)

Pages: 3 pages including cover sheet

## CERTIFICATION OF FACSIMILE TRANSMISSION

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Issue Fee Transmittal Letter (1 page)

2. PTOL-85 (1 page)

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Cathy Norton Name

August 5, 2005

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